

# Deciding with dignity: The account of human dignity as an attitude and its implications for assisted suicide

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## Abstract

Discussions about assisted suicide have hitherto been based on accounts of dignity conceived only as an inherent value or as a status; accounts of dignity in which it appears as a (contingent) attitude, by contrast, have been neglected. Yet there are two good reasons to consider dignity to be an attitude. First, this concept of dignity best allows us to grasp a crucial aspect of everyday language: people often express fears of losing their dignity—and it is not possible to explain this with an account in which dignity is inherent. Second, such a concept allows us to adduce new argumentation where the argument based on status ends. Dignity considered as a status provides grounds to argue for the moral permissibility of assisted suicide, in the sense that in such an account individuals possess the normative power to waive their right to life. But the question then remains of how to decide what counts as a good reason for assisted suicide—and this is where an argument based on dignity as an attitude can provide illumination.

## KEYWORDS

assisted death, dignity, end of life, suicide, value of life

In the philosophical discussion about human dignity, three main concepts of dignity are currently in use: dignity is considered either as a *value*, as a *status*, or as an *attitude*. Discussions about assisted suicide have hitherto been based mainly on accounts of dignity conceived as an inherent value or as a status; accounts of dignity in which it appears as a (contingent) attitude, by contrast, have been neglected. Yet I think there are two good reasons to rectify this neglect and to consider arguments based on this third concept: first, such a concept best allows us to grasp a crucial aspect of everyday language; second, it allows us to adduce new argumentation where the argument based on status currently ends.

I proceed as follows: first, I briefly outline two different arguments made in the literature on assisted suicide, one of which conceives of human dignity as a value, and the other that considers it as a status. Then I highlight what kind of dignity-talk actually used by people who are considering assisted suicide is not captured by these concepts of dignity, and I indicate the questions that are left open. Finally, I introduce the concept of human dignity as an attitude, and explain how this can help fill the gaps mentioned above.

## 1 | TWO ARGUMENTS FROM DIGNITY

### 1.1 | Dignity as an inherent absolute value of every human being

Value-based accounts of human dignity draw most often on the tradition of Immanuel Kant, who famously defined dignity as an absolute inherent worth, contrasted with purely relative worth, as in the case of things that have a price.<sup>1</sup> Kant explains that anything that possesses absolute worth has more than simply a volatile market price, and is not simply to be considered especially valuable: crucially, something with absolute worth cannot in case of loss be replaced by an equivalent, and cannot be compared with anything else in terms of value. For Kant, the paradigmatic manifestation of such absolute worth is the human being, because as human beings we are endowed with practical reason that enables us to act morally, and it is morality itself that has absolute worth.

<sup>1</sup>Kant, I. (1994). *Grundlegung zur Metaphysik der Sitten*. Hamburg: Meiner (Originally published 1785).

Some Kantians have also argued along these lines with regard to the moral permissibility of suicide – providing a negative answer. David Velleman, for example, points out that it cannot be permissible to end one's life out of suffering or not wanting to live any longer because this would require that the kind of negative worth in question should outweigh the worth of the living person: which, according to the Kantian definition, is not possible.<sup>2</sup> If suicide is not permissible, assisted suicide is de facto impermissible too.<sup>3</sup>

## 1.2 | Dignity as a status of a rights-bearer

In contrast, those who adopt a concept of human dignity as a status generally use it to argue *in favor* of the moral permissibility of assisted suicide. Conceiving of dignity as a status entails that bearers of dignity are bearers of rights, and thus that violations of dignity are violations of rights instead of instances of not respecting absolute worth. Notably, dignity in this sense is also thought of as something inherent that cannot be lost, just as it is on the value account of dignity discussed above. Jeremy Waldron is best known for such an approach, but his account, coming from a legal perspective, is not overly useful in resolving moral problems, because positive law has to deal with special issues. Peter Schaber and Holger Baumann propose another version in which they conceive of human dignity not as a legal but as a moral status, and they construe this status as having certain normative powers. “[T]o have and to exercise normative powers,” they explain, “means to be someone who can and is allowed to competently exercise, and in particular waive, her rights.”<sup>4</sup> They connect this with human dignity in the following way: “Violations of human dignity are instances in which persons are treated as if they have no say in what may be done to them – that is, in which they are denied their normative powers.”<sup>5</sup> In applying this concept of human dignity to the question of assisted suicide, they start from the premise that there is a bundle of rights over their own body that every person possesses. Part of this bundle of rights is the right to life, which includes the right that no one may interfere with one's life. However, since persons have dignity, they also have the normative power to waive this right. That is, a person can give up her right to life as well as her right that no one interfere with her life. In doing so, she may allow someone to help her kill herself. It would in fact be a violation of her dignity if others ignored her right-waiving and insisted that it was not permissible to assist in her death.

<sup>2</sup>Velleman, D. (1999). A right of self-termination? *Ethics* 1999; 109: 606-628.

<sup>3</sup>For another value-based account, and a treatment of the end-of-life question in a similar vein, see Sulmasy, D. P. (2017). Death and dignity in Catholic Christian thought. *Medicine Health Care and Philosophy*; 20(4), 537-543. There are also authors who provide a less strict reading of Kant on suicide that allows for exceptions – but personal pains and concerns are never sufficient to allow it. See Hill, T. E. (1983). Self-regarding suicide: A modified Kantian view. *Suicide and Life-threatening Behavior*, 13(4), 254-275. and Cholbi, M. (2010). A Kantian defense of prudential suicide. *Journal of Moral Philosophy*, 7(4), 489-515.

<sup>4</sup>Baumann, H., & Schaber, P. (2017). Human dignity and the right to assisted suicide. In S. Muders (Ed.). *Human dignity and assisted suicide* (pp. 218-229). Oxford: Oxford University Press; p. 220.

<sup>5</sup>Ibid.

## 1.3 | Where these two accounts miss the point

Setting aside the more general discussion of concepts of human dignity, I concentrate on the specific context of assisted suicide in order to evaluate the two concepts sketched above. And the first thing to note is that there is a key empirical finding that is relevant here: when people explain why they want to commit suicide, and why they are fighting for the right to receive assistance with their suicide, the notion of dignity features in a fundamentally different sense from that posited in the two accounts we have reviewed: specifically, it appears as something that can be lost rather than merely disrespected or violated. People fear that their life (or death) will be without dignity, and this is one prominent reason for which they may seek suicide and, consequently, assistance with it. This obviously poses a problem for the accounts of dignity just presented, because neither dignity as the absolute value of a person nor as a status of persons is something that can be *lost*. There can only be *disrespect* for the value or of the status, and this is obviously something different from what many people are talking about in the context of assisted suicide.

Some examples may help to establish the point. In the US state of Oregon, assisted suicide is legally permitted and is provided under strict rules that govern the decision and the procedure itself. The Oregon Health Authority, a governmental body, regularly publishes documentation of the practice,<sup>6</sup> and this documentation includes a list of the reasons patients give for wanting to end their lives. Among these reasons, loss of dignity is highly ranked: in the 2017 survey, 67.1% of participants mentioned it (96 of 143 participants). The other most important end-of-life concerns are loss of autonomy (87.4%) and the decreasing ability to participate in activities that made life enjoyable (88.1%). This finding reveals two important points: first, dignity is conceived of as something that can be lost; second, dignity is conceived of as something different from autonomy—understood in the non-morally loaded sense of self-determination. The second point is important because one alternative to construing dignity as a value or as a status, especially in the context of assisted suicide, is holding dignity to be equivalent to autonomy (or respect for autonomy).<sup>7</sup> Autonomy in the sense of self-determination can be and often is lost in cases of severe illness in which people are rendered dependent on medicine, machines, and other people's help. But as some commentators have argued,<sup>8</sup> and as the documentation shows, dignity does not just mean self-determination. The concepts are not equivalent, even though the connections are evident. It is against this background that we should develop the alternative approach of construing dignity as an attitude.

<sup>6</sup>Oregon Death with Dignity Act (2017). Data summary. Retrieved from <https://www.oregon.gov/oha/ph/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year20.pdf>

<sup>7</sup>Macklin, R. (2003). Dignity is a useless concept. *British Medical Journal*, 327(7429): 1419-1420.

<sup>8</sup>Schaber, P. (2012). Menschenwürde: Ein für die Medizinethik irrelevanter Begriff? *Ethik in der Medizin*, 24(4), 297-306.

The empirical evidence also shows that the above observation on the use of the term dignity does not hold only in the case of the English language, nor is it a case of sloppy everyday language. Similar features are to be found in the German legal wording, specifically in the various drafts of a new law that was passed in Germany a few years ago (Gesetz zur Strafbarkeit der geschäftsmäßigen Förderung der Selbsttötung; Strafgesetzbuch § 217). In one of these drafts, for example, it is stressed that people desire to retain control over any “decision about what is dignified for them.”<sup>9</sup> This indicates that the text assumes that dignity is not something inherent that cannot be lost, but rather that a person’s way of life or manner of dying may be either dignified or not, and it should be up to them to make judgments about when dignity has been lost. The draft also speaks in favor of the possibility of a “self-determined and dignified death,”<sup>10</sup> thereby clearly distinguishing between self-determination and dignity.

These examples make it evident that the accounts of dignity mentioned previously miss a central point of the discussion. Although there may be other good reasons to defend these accounts, they are unable to provide a satisfactory explanation of this widespread and perfectly ordinary use of the notion of dignity. This seems to be reason enough to put forward another concept of dignity that can do precisely this job: indeed, I believe that such an alternative concept of dignity can also advance the argument in favor of assisted suicide at the very point where the account of dignity as a status stops. In what follows, I will first explicate the idea of dignity as an attitude in general terms, and then apply it to the specific case of assisted suicide.

## 2 | DIGNITY AS AN ATTITUDE

How should we conceive of dignity, given that we presume it is something that can be lost, and that it is not the same as self-determination? For the following sketch I draw on the account of dignity I developed at length in a previous monograph.<sup>11</sup> First, the idea of dignity I have in mind consists in a kind of general condition that persons can either be in or not. It is a contingent condition. We must recognize that we do legitimately talk about a life of dignity or living with dignity; and we should accept that it is conceptually possible, and unfortunately sometimes also a fact, that a person may live a life with damaged dignity, with a lesser degree of dignity, or even without dignity at all. But dignity in this sense can—at least in many cases—be restored and regained.

One way to explicate this condition in more detail is to say that dignity is an attitude in the sense of being a relation a person holds to herself that is also dependent on and relevant to her relation to other persons. We may think of this attitude roughly as a species of what Aristotle called a *hexis*,<sup>12</sup> the primary examples of which are virtues and vices — these being ways in which we regulate our emotional dispositions, comprising a kind of self-relation that is also intermingled with one’s relation to others and the world. Courage, for example, is a certain way of regulating the emotional disposition of fear (*fearing too much* would mean cowardice; *fearing nothing* would mean foolhardiness). Similarly, dignity can also be seen as a way of regulating emotional dispositions: but in this case it is an all-encompassing form of regulation, not just the regulation of a single emotion. And, just as with virtues and vices, dignity is not only about emotions but also about dispositions to action.<sup>13</sup>

To flesh out this sketch of my account of dignity, I begin with a rough survey of how the term figures in different accounts in the history of philosophy. The Romans used the term dignity to refer to a certain property that only noble men could possess: noble men could have dignity, but only by making certain efforts, notably fulfilling certain duties and meeting certain standards of behavior. Cicero broadened the notion of dignity, and is the first to mention the idea of specifically *human* dignity, by which he meant that all humans are capable of dignity because they have reason and possess dignity insofar as they use it.<sup>14</sup> The same structure is found in theological descriptions of dignity: as creatures made in the image of God, humans have dignity in a certain sense, but they have it in the full sense only when they behave in a way that corresponds to the standards of a holy life. At first sight, this structure of dignity seems to contradict the Kantian account; but a closer look at Kant’s writings, as Oliver Sensen observes,<sup>15</sup> reveals that Kant’s own view conforms to this structure: all persons have incipient dignity, but only those who follow the moral law have a dignity that is realized.<sup>16</sup>

It is this structure that I draw on in order to explain the idea of dignity as an attitude. My proposal, like the accounts just canvassed, again involves thinking of dignity as an attitude that every person has the capacity to possess, but which is only realized when a person fulfills certain standards of behavior. I fill out the structure of the account somewhat differently, however. First, I clearly distinguish between the *capacity* for dignity and the *attitude* of dignity itself, meaning that I do not use “dignity” for the potential, but only for the realized potential. Second, the standards are not necessarily set by

<sup>9</sup>Deutscher Bundestag (2016). Entwurf eines Gesetzes über die Straffreiheit der Hilfe zur Selbsttötung. Retrieved from <http://dip21.bundestag.de/dip21/btd/18/053/1805375.pdf>. p1.

<sup>10</sup>Ibid., p.2.

<sup>11</sup>Weber-Guskar, E. (2016). *Würde als Haltung. Eine philosophische Untersuchung zum Begriff der Menschenwürde*. Münster: Mentis. For previous accounts in this direction, see Kolnai, A. (1995). Dignity. In Dillon, R. S. (Ed.). *Dignity, character, and self-respect* (pp. 53–75). New York and London: Routledge; Pollmann, A. (2011). Embodied self-respect and the fragility of human dignity: A human rights approach. In Kaufmann, P. Kuch, H., Neuhaeuser, C., & Webster, E. (Eds.) *Humiliation, degradation, dehumanization. Human dignity violated* (pp. 243–261). Dordrecht: Springer.

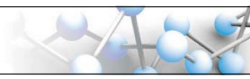
<sup>12</sup>Aristotle (2011). *Nikomachische Ethik*. Edited by U. Wolf. 3rd edn. Auflage edn. Reinbeck bei Hamburg: Rowohlt.

<sup>13</sup>This understanding of an attitude, and of dignity conceived of as an attitude, is spelled out in more detail in Weber-Guskar, E. (2017). Haltung als Selbstverhältnis. Am Beispiel der Würde. In Kurbacher, F. & Wüschner, P. (Eds.). *Was ist Haltung? Begriffsbestimmungen, Positionen, Anschlüsse* (pp. 181–195). Würzburg: Königshausen und Neumann.

<sup>14</sup>This distinction can be read off from sentences like “sunt enim quidam homines non re sed nomine”; Cicero M. (2007). *De officiis/ Vom pflichtgemäßen Handeln*. Edited by H. Gunermann. Stuttgart: Reclam. I, 105.

<sup>15</sup>Sensen, O. (2011). *Kant on human dignity*. Berlin and New York: Walter de Gruyter.

<sup>16</sup>Ibid., pp. 314, 316.



public authorities, nor by God, nor by the exercise of reason or morality. Rather, a plausible basic essential feature becomes clear if you simply think of someone who acts with dignity: first, such a person is someone who fulfills certain standards; and second, it seems to me, such a person is someone who is thereby in a sense aligned with herself. It is a picture of harmony. This hints at the kind of standard that must be fulfilled in order to live with dignity: it involves a kind of alignment with your own self-image, where by self-image I mean the bundle of ideas, often implicit, that one has about oneself regarding how one ought to be (in a weak normative sense, not in the strong sense of a Freudian superego). This self-image is mostly defined negatively, as it sets the limits of what one could bear to do or to suffer while still understanding oneself as the same person as one was before. Violations of dignity are exactly that: treatment by others or treatment through external conditions that hinder one living in alignment with one's self-image.

A wide range of issues would have to be developed in more detail in order to explicate this account fully, and space limitations prevent a full account here. However, a particularly salient point should be noted: it is widely assumed that people can morally claim that their dignity should not be violated, and that they should receive help if it is needed to retain their dignity. But if their dignity consists in living in alignment with one's self-image, the question arises of whether people are morally allowed to claim protection for any self-image whatsoever. An extreme example would be the murderer who explains that being a murderer is a part of his self-image; it would of course be implausible that such a person is entitled to support aimed at preserving their dignity. This makes it evident that this concept of dignity presupposes a moral framework: as soon as we speak of a moral demand for the protection of dignity, it is clear that there are moral constraints on the content of the self-image that may be cited. Hence one cannot claim every idiosyncratic or immoral behavior to be a feature of one's self-image that has to be morally respected. Rather, the self-image relevant for dignity is something that is attained partly through education and partly through one's own critical reflection on this education, but it also has to be explicable to others and open to revision in the light of (moral) critique. Dignity in this sense of an attitude is not a *foundational* moral concept as it is conceived in other contexts; rather it is an *aim*, a good that moral norms should help one to attain and to secure.

This covers the first feature of this alternative account of dignity: dignity in this sense comes in degrees and can be lost — but also regained. Now to the second feature: We may fairly wonder whether dignity conceived of as an attitude is the same as self-determination. I want to argue that it is not; although admittedly it is closely connected. The reason is as follows. Obviously, having the capacity for self-determination is a good means to ensure that you live up to the standards of your self-image, but it is not necessary. If you are lucky, you might possess dignity in your life purely by chance, or others might help you to do certain things that belong to your self-image which you are not able to do on your own—or which you are not yet able to do, or which you can no longer do or are temporarily rendered unable to do.

To sum up this part of the discussion: human dignity can be understood as a certain attitude human beings are able to adopt, if they are not prevented from doing so and if the necessary conditions for adopting that attitude are fulfilled. Dignity is achieved when someone acts in harmony with her self-image, where a self-image is something that provides reasons to act and react in specific ways, and in this sense generates norms that can be lived up to.

Given this account, we can formulate two propositions that are relevant for the discussion of assisted suicide in the sense manifested by the examples of ordinary language I gave earlier:

- A person can already be living a life without dignity and does not want to go on doing so, and that is why she wants to end her life now;
- A person can be afraid of being forced to live a life without dignity in the near future, and that is why she wants to end her life now.

Now we must clarify what role our concept of dignity can play in a discussion of the moral evaluation of assisted suicide.

### 3 | THE ROLE OF DIGNITY IN THE DISCUSSION ABOUT ASSISTED SUICIDE

#### 3.1 | The different roles of dignity according to the different concepts

From the above it is evident that the role of dignity as an attitude in moral discussions is fundamentally different from the role of dignity as a value or as a status, irrespective of the specific context of debate. The general difference is best seen if we compare these two statements:

a. *Because persons have dignity, certain norms apply*

OR

b. *In order for a person to be able to retain or regain dignity, certain norms apply*

The first sentence displays the structure of an argument in which dignity is conceived of as a value or status; the second displays the structure of an argument in which dignity is an attitude. Dignity in this latter sense is not a fixed foundation for norms but is rather an aim, a contingent good, that is to be reached or secured by a norm. How can these structures be filled out in order to provide normative guidance on the question of assisted suicide? This is quite clear for statement (a), where it is read through the lens of the two accounts presented at the beginning of the article, Velleman on the one hand, and Baumann and Schaber on the other:

Ad statement (a)

- Because persons have an inherent absolute value, it is not permissible that they should kill themselves

- Because persons have the normative power to waive their right to life, they are allowed to kill themselves and to ask others for help in doing so

But for statement (b) there is no clear answer to the question of how it is to be filled out to provide normative guidance on the question of assisted suicide. The reason for this is that, on the attitude account, we can say something only about retaining and regaining dignity. Dignity as an aim and good demands one to be committed to protecting and supporting it *within* a human life. As such, it seems either to presuppose the protection of human life, or not to say anything at all about questions of the permissibility of terminating a life. In order to find normative guidance concerning the question of whether assisted suicide could be permitted from the perspective of the attitude account of dignity, one might try switching to talking about dignity during the process of dying. Let us consider a situation that can be described as follows: "A person is afraid of being forced to die without dignity if she does not die before a certain time." Then one might fill in the statement (b) in the following way:

- In order for this person to be able to retain dignity while dying, she should have the possibility of killing herself

If you see the process of dying as part of the person's life, and this can be lived with or without dignity, then dignity as an attitude might give normative guidance on how to act rightly in such a situation. More concretely, dying with dignity could mean that you can say farewell to your family and close friends, that you are conscious as long as possible, that you are in your home and not hospitalized, and so on. If this is what dying with dignity means for someone, and the only possible way to achieve this is with assisted suicide, and if we accept that the process of dying is part of a person's life, then you can argue in favor of assisted suicide on the basis of dignity as an attitude.

Such an argument promises to be of help particularly in the light of formulations in the draft German law, mentioned above, where the importance of a dignified death is stressed. But there are at least two problems with this argument. First, one might object that the process of dying is not rightly to be considered as part of human life.<sup>17</sup> Second, it does not help us to account for the fact that many people want assisted suicide in order to avoid a *life* without dignity beyond the process of dying without dignity.

### 3.2 | Permissibility and good reasons

The aim of the preceding discussion was to show that human dignity as an attitude does not have the same role as the other concepts of dignity. I now want to argue that the concept of dignity as an attitude can be brought into play at precisely the point where the argument from dignity as a status has to terminate with an open question. What I mean is as follows: The argument from dignity as a status

provides reasons to accept the moral permissibility of assisted suicide, but being permitted to do something does not yet mean that you have good reasons to do so (as Schaber and Baumann emphasize).<sup>18</sup> The argument based on the status account of dignity therefore leaves us with the following open question: if assisted suicide is permissible, is there actually a good reason to undertake it, and if so what is it? This is where dignity as an attitude can step in, as I now want to show.

I first want to remind you of the variety of cases where assistance in suicide might be requested. Think of a young man who wants to commit suicide because he has been jilted by his first love. Think of a successful businesswoman who wants to commit suicide after her first big failure. Think of a middle-aged man who has lost his job and is not able to find a new one and has no savings. Think of a young professional athlete who, after a car accident, has to live permanently in a wheelchair. And, finally, think of someone who is suffering from an incurable disease, is seriously restricted in many respects in her life, and can expect only a short but painful remaining life.

On the account of dignity as a normative power, assisted suicide would be morally permissible in all these cases, if the persons, based on their own autonomous decision, waive their right to life in order to allow people to help them in dying. But in which cases is there also a *good* reason to provide assistance for suicide? In other words: under what conditions *should* assistance be provided? This is where the argument from dignity stops: Baumann and Schaber, for instance, do not say anything specific about these reasons, they just remark that there could be an "argument from mercy" if the persons find themselves in the condition of unbearable suffering.<sup>19</sup> Yet this is also where the account of dignity as an attitude can step in.

### 3.3 | Dignity as a criterion for a life worth living

The autonomous wish of a person to receive help (which is to be distinguished from exercising her normative power in this matter) can provide one reason in favor of providing assistance, considered in purely general terms. Self-determination is important for persons, and if they need help in exercising their self-determination there is a *prima facie* reason to help. But this is far from sufficient as a reason actually to provide that help, for there can also be reasons that speak against helping someone pursue an autonomous wish, and these reasons can override the *prima facie* one. Most of the examples I gave above do not suggest that there are good reasons to help someone die besides the wish of the persons themselves. How the examples should be evaluated is, of course, a different story, but it is at least clear that there is a huge difference between the first (being lovesick in youth) and the last (incurable and painful disease in old age), with the latter and not the former one clearly providing a good reason to assist with suicide that extends beyond the wish of the person concerned. This does not mean that there are good reasons

<sup>17</sup>See, for example Wittgenstein, L. (1997). *Tractatus logico-philosophicus*. Frankfurt am Main: Suhrkamp. 6.4311.

<sup>18</sup>Baumann & Schaber, op. cit., note 4, pp. 226–227.

<sup>19</sup>Ibid. p. 228.



only if a person is terminally or seriously ill. Theoretically there may also be other situations in which it is clear that someone cannot live in dignity and in which no improvement can be expected, but such reasons are surely rare.

Another value that has to be considered in determining if there are good reasons for assisted suicide is the value of life. Here, I do not mean the value of life in the sense adopted by Velleman, who defends the idea of (dignity as) the inherent absolute worth of every human life. Rather, we are talking about quality of life: a life can be better or worse, meaning it can be more or less worth living. In using this expression, I do not mean to claim that the degree to which a life is worth living has anything to do with the right to life. The right to life exists independently of this quality. But the decision of a person to waive her right to life and to wish the end of her own life is most often based on considerations about the quality of her life, and these considerations should be taken into account in deciding if there is good reason to help her end her life if she asks.

Now, the question is: what are the ways in which we can discuss whether a life is worth living? More precisely: what is the relevant criterion for deciding if a life is no longer worth being lived, such that there is a good reason for suicide? The challenge of this question in this context is rather specific. We need a criterion that on the one hand gives certain restrictions so that not just any desire has to be accepted as a good reason for suicide, and that on the other hand also leaves room for a considerable degree of self-determination.

My thesis is that the criterion we are looking for at this point is precisely dignity conceived of as an attitude. I elaborate this by discussing another account that has already taken some steps in this direction.

At the end of her book on the ethical legitimacy of suicide, Dagmar Fenner distinguishes four possible ways in which we can answer questions about the quality of life:<sup>20</sup> absolute objectivism, simple subjectivism, reflected subjectivism, and criteriological objectivism. Absolute objectivism corresponds to the idea that the inherent and absolute worth of persons and their lives is the only relevant criterion; simple subjectivism corresponds to the idea that anything a person brings forward as a reason has to be accepted as a reason. Both accounts fail, though, because they each consider only one value: either the value of life or the value of self-determination: but as I have said, we have to consider both values at the same time.<sup>21</sup>

The other two suggestions are the interesting ones. By “reflected subjectivism,” Fenner means an account according to which there is sufficient reason once a person has made clear the values, principles, and facts that all together give her reason to want to end her life. In other words, she appropriately conceives the normative and

non-normative aspects of her situation, from which she construes a narrative that can be understood by other people— where “understood” means being understood in a merely weak sense, namely that one can trace her line of thought back to some premises, and not necessarily understood in the stronger sense that one *agrees* with the normative premise itself.

Finally, criteriological objectivism means that there is a *shared* criterion that ought to guide the decision of a person as well as other people’s understanding of this decision. This common criterion, for Fenner, is dignity.

I agree with her main thesis that dignity is the leading criterion on which one ought to decide if there is good reason for assisted suicide. But I see at least two flaws in Fenner’s presentation that should be addressed, and I think both can be corrected on the basis of adopting an account of human dignity as an attitude.

First, Fenner refers to a rather vague concept of dignity, compiled from the Kantian tradition and Alan Gewirth’s account. She writes that there is an “inner dignity” that has to be “expressed.” This sounds rather close to the idea of inherent value, which can lead to misunderstandings; whereas the idea of dignity as an attitude that can be attained is a more promising and clearer alternative to the value-based accounts.

Second, I do not find the distinction between reflected subjectivism and criteriological objectivism very helpful, because there is also a significant trace of subjectivism in the term criteriological objectivism itself. Fenner herself asserts that it is always the human herself who has to decide, against the background of her personal concept of life and central individual aims, if a life is worth living—that is, whether a life with a sufficient degree of dignity is possible despite the lack of certain fundamental goods.<sup>22</sup> Dignity as an attitude can account for this mixture of subjectivity and objectivity, however. It is a matter of objective evaluation whether the life of a human is one in which there is an alignment with one’s dignity-relevant self-image or not. This idea of alignment has to be clarified in three respects. First, as mentioned above, it is not to be understood as the perfect state of all one’s normative ideals: even if you are not the *best* father, mother, physician, or philosopher according to your standards, this is of course no reason to terminate your life; and for the same reasons, a life where you cannot always act according to your inner convictions would not necessarily be a life not worth living. Rather, the decisive consideration is whether a certain lower bound of alignment has not been undercut. If you can *never* act according to your inner conviction because you are in a dictator’s prison, or because you are paralyzed and there is no longer any possibility of expressing yourself, then perhaps one might think that this lower bound has been undercut. Second, in talking about reasons to end one’s life one should not consider achievements or losses in specific areas or in specific social roles; rather, one must have the overall picture of one’s life in mind. In so doing, it is evident that serious health issues play a crucial role in decisions about one’s life because such things typically keep us from many of the actions that define the lower bound of standards in the self-image. Third, there are three levels in one’s dignity-relevant self-image: the individual, the

<sup>20</sup>Fenner, D. (2008). *Suizid - Krankheitssymptom oder Signatur der Freiheit? Eine medizinethische Untersuchung*. Munich and Freiburg: Karl Alber. pp. 360-385.

<sup>21</sup>A detailed argument in favor of this thesis is given in Muders, S. (2017). *Autonomy and the value of life as elements of human dignity*. In Muders, S. (Ed.). *Human dignity and assisted death* (pp. 125-142). Oxford: Oxford University Press.

<sup>22</sup>Fenner, op. cit., note 20, p. 384.

cultural, and the general human one. Every human person understands herself first of all as a human, and we have shared ideas about what it means to live a human life, or what it means to be a human. But these ideas are never very concrete, and normally remain at a certain abstract level. It is the culture and the person herself that defines the concrete form of the standard, or the degree to which a standard has to be fulfilled. These standards for a dignified life include as premises at least a minimal degree of self-reflection, will, and reason; they also include a minimal degree of fulfillment of basic human needs like food, shelter, and company; and they include a minimal degree of some individuality, in the form of personal traits that the person has developed.

Given this account of human dignity and its role in the debate about assisted suicide, it is clear that there is no general answer to the question of whether there are good reasons for assisted suicide; rather, a certain necessary procedure has to be followed in every case in order to determine whether there is good reason or not. An important part of this procedure would be an intense conversation between the person who wants to die and the persons who could help, about whether a life with dignity can still be expected.<sup>23</sup> This would be a conversation about the self-understanding of the person, but also about culture and humanity considered in the round. One important aspect of this conversation is that it should manifest the solidarity that exists (or should exist) between humans. The idea would be to refer to a shared normative world in which every individual may find their place. The assistance that we are obliged to provide a person who is considering ending her life is above all as follows: if conditions have changed so that she cannot any longer align with her self-image, then we should first help her find a new understanding of herself. After the serious accident the athlete must change her self-image in order once again to find fulfilling tasks and joy, and she might be able to find these by changing her profession or hobby. But if neither the conditions nor the self-image can be changed, as may be the case in the terminal phase of a serious illness,<sup>24</sup> then it is not possible for someone to live in dignity any more; and if there is insufficient remaining life to hope for unforeseeable changes, this speaks in favor of terminating one's life.

## 4 | CONCLUSION

I wanted to show that the account of human dignity as an attitude deserves greater consideration in the debate about assisted suicide,

as it is a helpful framework within which to take into account the formulations that are often used by people in their concrete, non-philosophical talk about reasons for suicide. People do not want to live a life without dignity, and it is only the concept of dignity as an attitude that makes sense of this idea. I then elaborated on the role of this concept, showing that it comes into play precisely at the point when one has already argued for the moral permissibility of assisted suicide and then needs to know if there is a good reason to assist in a specific case of suicide. Dignity as an attitude provides a criterion that can orientate the conversations that are to be had if one wants to know if a person really has reflected well on her situation, and ultimately come to the conclusion that life is no longer worth living.<sup>25</sup>

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<sup>23</sup>Whether, and if so how, this idea could be implemented in concrete policies, is another question.

<sup>24</sup>See, for example, the documentary "Simon's Choice," concerning a man suffering from ALS, an incurable, progressive disease of the neurological system that affects the nerve cells responsible for voluntary muscle movement. Hitherto a very active businessman, he bears the disease for longer and with more fortitude than foreseen; but finally, when not only his legs, mouth, and other parts of the body cease to function, but also his hands, which had enabled him thus far to express himself in writing, he decides to go to an organization for assisted suicide in Switzerland.

<sup>25</sup>Stoecker considers a somewhat similar argument also based on an account of dignity as an attitude, and ultimately denies that it provides a good reason for assisted suicide, Stoecker, R. (2017). Dignity and the case in favour of assisted suicide. In Muders S. (Ed.). *Human dignity and assisted death*, pp. 30–45. Oxford: Oxford University Press. In my view his account commits the error of confusing dignity with honour; but this must be a topic for another article.